

State of Hawaii
Department of Public Safety
Corrections Division
Corrections Program Services Division

Addendum A

March 31, 2014

to

**Request for Proposals
RFP No.: PSD 14-CPS/SA-37**

**Cognitive Behavioral Intervention Program for
Sentenced Adult Male and Female Felon
Inmates in
Work Furlough Programs
on the Islands of Hawaii, Oahu, and Maui**

March 31, 2014
ADDENDUM NO. A

To

REQUEST FOR PROPOSALS
RFP No.: PSD 14-CPS/SA-37
Cognitive Behavioral Intervention Program for
Sentenced Adult Male and Female Felon Inmates in
Work Furlough Programs
on the Islands of Hawaii, Oahu, and Maui

The Department of Public Safety, Corrections Program Services Division, Substance Abuse Services Office is issuing this addendum to RFP Number PSD 14-CPS/SA-37, Cognitive Behavioral Intervention Program for Sentenced Adult Male and Female Felon Inmates in Work Furlough Programs on the Islands of Hawaii, Oahu, and Maui for the purposes of:

- ☒ Responding to questions that arose at the orientation meeting of March 21, 2014 and written questions subsequently submitted in accordance with Section 1-V, of the RFP.
- ☐ Amending the RFP.
- ☐ Final Revised Proposals

The proposal submittal deadline:

- ☐ is amended to <new date>.
- ☒ is not amended.
- ☐ for Final Revised Proposals is <date>.

Attached is (are):

- ☒ A summary of the questions raised and responses for purposes of clarification of the RFP requirements.
- ☐ Amendments to the RFP.

☐ Details of the request for final revised proposals.

If you have any questions, contact:

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Responses to Question Raised by Applicants
For RFP No.: PSD 14-CPS/SA-37, Cognitive Behavioral Intervention Program for
Sentenced Adult Male and Female Felon Inmates in
Work Furlough Programs
on the Islands of Hawaii, Oahu, and Maui

Question No. 1: Will this RFP be in addition to the already existing contracted services for treatment with Lokahi Treatment Centers in Hawaii County?

Response No. 1: Yes. The service with Lokahi in Kona is for outpatient and intensive outpatient treatment. This service will be for short term intervention.

Question No. 2: Will the same inmate be able to receive multiple program services at the same time? I.e., Cognitive Behavioral Intervention, Relapse Intervention Program and Mentoring Program?

Response No. 2: Access to CBIP and RIP will be through different behaviors. RIP requires a positive urine screen. The two services would not be received by the same inmate at the same time. The use of Mentors during either of the intervention programs would likely be very helpful to the inmate's progress. This would likely occur with the support of the facility case manager.

Question No. 3: We are entering agreements with cooperating partner agencies under MOU's and bringing together subject matter experts as sub-contractors for services specific to this project. Are there any restrictions to these arrangements we should honor? Other than Departmental approval of sub-contractors and our sub-agreements, is there a recommended or preferred instrument we should provide to document these agreements?

Response No. 3: Since the use of subcontractors require the Department's approval, the applicant should include the following:

1. Evidence that the applicant's subcontractor meets the requirements of the solicitation (experience, certifications and/or licensing, etc).

- 2. The specific services to be performed by the subcontractor.*
- 3. Details of Applicant's coordination of services between the Department and the applicant's subcontractor.*
- 4. Acceptance by the Applicant that the Applicant is the primary contractor and all correspondence and responsibility shall be that of the Applicant. All invoicing for services shall be through the Applicant, with the appropriate documentation attached (whether Applicant or its Subcontractor provided services).*

Question No. 4: Should referrals be low or facility time/space/security be limited, is it acceptable to have other inmates with the same behavior, diagnosis and treatment assignment in the class? These participants would not be charged under this [grant] [solicitation](#) but may be necessary to insure sufficient class size to maintain group therapy goals.

*Response No. 4: The purpose of this service is to provide personalized intervention that addresses criminality specific to the behaviors that led them to the service. It may be necessary to provide the service individually if there are not enough for a group. The funding for this service is **not** from a grant source.*

Question No. 5: This [grant] [solicitation](#) addresses the systemic and personal damage resulting from sending offenders in furlough into lock-up where jobs, family ties and social re-integration are interrupted. Can we serve some individuals in the community as well as furlough sites where this progress can be sustained while CBT is occurring?

Response No. 5: Yes, on a case-by-case basis depending on the severity of the disruption to the inmate's progress.

Question No. 6: Are Extended Furlough inmates eligible for this program? This may be of particular concern with extended furlough clients who digress and would then increase the prison bed count. This may be an issue on all islands.

Response No. 6: Yes, intervention may occur in the community, if disruption to the inmate's progress is minimal, or in the facility, if the disruption is more severe. The decision shall be made by the case manager.

Question No. 7: The [~~grant~~] solicitation requires assessment and program enrollment to occur within 3 days of referral. What specific trigger is pulled to document this referral and that we have received it along with the LSI-R?

Response No. 7: A referral form is being developed. The referral form will be submitted by the facility case manager to the Provider with the latest LSI-R/ASUS summary sheet.

The referral could be triggered by a misconduct or documented deteriorated attitudes and behavior.